



INFORMED CONSENT FOR MATERNITY ADMISSION & CARE

TUG'ISH UCHUN QABUL QILINADIGAN AYOLLAR UCHUN MA'LUMOT BERISH VA ROZILIK OLISH SHAKLI

Bethesda North Hospital  Good Samaritan Hospital  McCullough-Hyde Memorial Hospital  Other: \_\_\_\_\_

Bethesda North kasalxonasi  Good Samaritan kasalxonasi  McCullough-Hyde Memorial kasalxonasi  Boshqa: \_\_\_\_\_

I, \_\_\_\_\_ (Date of Birth \_\_\_\_\_), consent for my practitioner, \_\_\_\_\_, or a colleague to deliver my infant(s) at the hospital indicated above. The hospitals are teaching hospitals and Resident Physicians are always available to respond to emergencies and to assist my provider. If involved, they are acting under the authority of my practitioner.

Men, \_\_\_\_\_ (tug'ilgan sanasi \_\_\_\_\_), amaliyotchi shifokorim \_\_\_\_\_ yoki uning hamkasbiga go'da(g)(klar)imni yuqorida ko'rsatib o'tilgan kasalxonada tug'dirishiga rozilik beraman. Bu kasalxonalar ta'lim beruvchi kasalxonalardir va rezident terapevtlar favqulodda holatlarga javob berish va provayderimga yordam berishga doimo tayyor turadilar. Agar jarayonda qatnashsalar, ular amaliyotchi shifokorim qo'l ostida harakat qiladilar.

My practitioner(s) and I have had a conversation about the types of care that I may need and that unexpected changes to my care may arise during my maternity admission. I understand that this form is intended to address most of the care that commonly arises during a maternity admission.

Amaliyotchi shifokot(lar)im va men menga zarur bo'lishi mumkin bo'lgan qarov va muolaja turlari va mening tug'ish uchun kasalxonaga yotish davrim davomida menga qilinadigan muolaja va qarov turlarida kutilmagan o'zgarishlar yuzaga kelishi mumkinligi to'g'risida suhbatlashdik. Men bu shaklning tug'ish uchun tug'ruqxonaga yotish davri davomida ko'pincha yuzaga keladigan qarov va muolaja turlarining aksariyatini qamrab olishga mo'ljallanganligini tushinaman.

**Risks of Childbirth**

Risks of pregnancy/childbirth are similar; regardless of how a baby is born. A vaginal delivery is the natural method of childbirth. Under most circumstances this is a safe process for the mother and the baby. There are circumstances where a **spontaneous** vaginal delivery is not possible, and a vacuum or forceps-assisted delivery or a cesarean section may be the safest option. A planned cesarean is sometimes necessary, too. Each of these delivery methods have some risks associated with them. I understand that by virtue of being pregnant, there are increased risks of certain illnesses during pregnancy, during delivery, and after the delivery. Examples of these are pneumonia and blood clot formation in major veins or the lungs during the pregnancy, bleeding and tears during delivery, and severe bleeding and blood clot formation after delivery. The above are some of the most common risks. Minor risks occur more commonly. Major risks occur more rarely. Medical problems that were present before pregnancy or occurred during pregnancy may contribute to the risks listed below.

**Tug'ruq vaqtidagi xatarlar**

Homiladorlik/tug'ruq vaqtidagi xatarlar o'xshashdir; bolaning qanday tug'ilishidan qat'iy nazar. Vaginal yo'l orqali tug'ish bola tug'ishning tabiiy usulidir. Ko'pchilik hollarda bu ona va bola uchun xavfsiz jarayon hisoblanadi. **Spontan ravishda** vaginal yo'l orqali tabiiy tug'ish mumkin bo'lmagan holatlar mavjud bo'ladi va bunda vakuum yordamida yoki jarrohlik shchipsi yordamida tug'dirish yoki kesarcha kesish usulida tug'dirish eng xavfsiz variant bo'lishi mumkin. Rejali ravishda kesarcha kesish ayrim hollarda zarur bo'lib ham qoladi. Bunday tug'dirish usullarining har birida ayrim tegishli xatarlar mavjuddir. Men homiladorlik sababli homiladorlik vaqtida, tug'ish jarayonida va tug'ruqdan keyin ma'lum kasalliklarning yuzaga kelish ehtimolining yuqori darajada bo'lishini tushinaman. Bunday kasalliklarga misol qilib, homiladorlik vaqtidagi pnevmoniya va yirik vena qon tomirlari yoki o'pkada

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qon tromblarining hosil bo'lishi, tug'riq vaqtida qon ketishi va yirtilish va tug'ruqdan keyingi kuchli qon ketishi va qon tromblarining hosil bo'lishini aytilish mumkin. Yuqoridagilar eng ko'p uchraydigan bir nechta xatarlardir. Kichik xatarlar ko'proq yuz beradi. Katta xatarlar kamdan-kam hollarda yuz beradi. Homiladorlikdan oldin mavjud bo'lgan yoki homiladorilik vaqtida yuzaga kelgan salomatlikdagi muammolar quyida sanab o'tilgan xatarlarning yuzaga kelishiga hissa qo'shishi mumkin.

### **Vaginal Delivery**

The benefits of vaginal delivery include a more natural process with lower risks of bleeding, infection and pain compared to cesarean section. Most babies deliver without any significant injury to the mother or baby.

The risks of a vaginal delivery include, but are not limited to, infection, bleeding, bruising or tearing of vaginal tissue. Small vaginal tears occur commonly but deeper tears occur less commonly and can result in injury to the bladder or rectum. These injuries can result in future involuntary loss of urine or stool. Other risks include severe blood loss requiring transfusion or removal of the uterus, blood clots in the legs or lungs, nerve injury, possible chronic pain making future sex or child bearing difficult. Difficulties may arise with anesthesia including allergic reactions. In rare cases patients may suffer death or brain damage.

Sometimes spontaneous vaginal delivery needs to be assisted using forceps or vacuum device. The risks of assisted vaginal delivery include, but are not limited to, more extensive bruising or tearing of vagina, including into the rectum. Assisted vaginal delivery can lead to bruising or cuts on the baby.

Sometimes there are difficulties with delivery of the baby, including difficulty delivering the baby's shoulders, requiring life-saving maneuvers. While every effort is made to minimize the risk to the baby the baby can suffer injury such as bruising, broken bones, cuts, nerve injury or death. The alternative to a vaginal delivery is a cesarean section.

### **Vaginal yo'li orqali tug'ish**

Vaginal yo'li orqali tabiiy tug'ishning afzalliklariga kesarcha kesish yo'li bilan tug'dirishga qaraganda qon ketish, infeksiya va og'riq xavflari kamroq bo'lishi, tug'ish tabiiy jarayon bilan kechishini aytib o'tish mumkin. Ko'pchilik chaqaloqlar ona yoki bolaga hech qanday jiddiy shikast yetmagan holda tug'iladilar.

Vaginal yo'li orqali tug'ishdagi xatarlarga infeksiyalar, qon ketishi, ko'karish yoki vaginal to'qimaning yirtilishi kabilarni o'z ichiga oladi. Kichik vaginal yirtilishlar tez-tez yuz berib turadi, biroq chuqurroq yirtilishlar kamroq yuz beradi va bu siydik pufagi yoki to'g'ri ichakning jarohatlanishiga olib kelishi mumkin. Bu jarohatlar kelajakda siydik yoki axlatni ushlay olmaslikka olib kelishi mumkin. Boshqa xatarlar qon quyish yoki bachadonni olib tashlashni talab qiluvchi kuchli qon yo'qotish, oyoqlar yoki o'pkada qon tromblari hosil bo'lishi, asab jarohati, kelajakda jinsiy aloqa qilish yoki homilador bo'lishni qiyinlashtiruvchi surunkali og'riq kabilarni o'z ichiga oladi. Anesteziya jarayonida qiyinchiliklar yuzaga kelishi mumkin, jumladan allergik reaksiyalar kuzatilishi mumkin. Kamdan-kam hollarda bemorlar vafot etishi yoki miyasi shikastlanishi mumkin.

Ayrim hollarda spontan tabiiy yo'li bilan tug'ishda jarrohlik shchipsisi yoki vakuum qurilmadan foydalanib yordamlashish talab qilinadi. Yordam beriluvchi tabiiy tug'ish yo'li orqali tug'ishga bo'lgan xatarlar kuchliroq qon ketish yoki andomning, jumladan to'g'ri ichakkacha yirtilishi kabilarni o'z ichiga oladi. Yordam beriluvchi tabiiy tug'ish yo'li orqali tug'ish chaqaloqning qontalash bo'lishi yoki kesilib ketishiga olib kelishi mumkin.

Ayrim hollarda chaqaloqni tug'ish bilan bog'liq qiyinchiliklar, jumladan bolaning yelkalarini chiqarib olishdagi qiyinchilik yuzaga keladi va bu hayotini saqlab qolish harakatlarni bajarishni talab qiladi. Garchi har bir urinish chaqaloqqa bo'lgan xatarni kamaytirish uchun qilinsada, chaqaloqqa qontalash bo'lish, suyaklarning sinishi, kesilishlar, asab tolalarining jarohatlanishi yoki o'lim kabi zarar yetishi muimkin. Tabiiy tug'ishga muqobil variant kesarcha kesish usuli hisoblanadi.

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**Cesarean Section**

The benefits of cesarean section include a much smaller risk of tearing the cervix or vagina or rectum. There is also a much lower risk of unexpected injury to the baby’s shoulders or head. The risks, however, are never zero.

**Kesarcha kesish**

Kesarcha kesish usulining afzalliklariga bachadon bo’yni, qin yoki to’g’ri ichak yirtilishi xavfining kamligi kiradi. Chaqaloq yelkalari yoki boshiga kutilmagan jarohatlar yetish xavfi ham anchagina past bo’ladi. Biroq xatarlar hech qachon nolga teng bo’lmaydi.

The risks of cesarean section include, but are not limited to, infection, disfiguring scar, poor healing of the scar resulting in a hernia and internal scarring resulting in chronic pain. There may also be injury to structures such as the bladder and/or bowel which could result in future involuntary loss of urine or stool. There could be damage to the tubes connecting the kidneys to the bladder or damage to large blood vessels. Bleeding risks may result in the need for removal of the uterus. Delivering a baby by cesarean section may require the need for repeat cesarean section for future deliveries or result in other risks associated with a trial of labor in future pregnancies. Other risks include severe blood loss requiring transfusion and blood clots in the legs or lungs. Difficulties may arise with anesthesia including allergic reactions. In rare cases patients may suffer death or brain damage.

Kesarcha kesishda kuzatiladigan xatarlarga infeksiyalar, xunuk chandiqlik, chandiqlikning yomon tuzalishi va uning churra tushishi va ichki chandiqlikka olib kelishi va natijada surunkali og’riqlik yuzaga kelishi kabilari kiradi. Siydik pufagi va/yoki ichak kabi a’zolariga jarohat yetishi ham mumkin va bu kelajakda siydik yoki axlat tutolmaslikka olib kelishi mumkin. Buyraklarni siydik pufagiga ulovchi yo’llar jarohatlanishi yoki katta qon tomirlariga zarar yetishi mumkin. Qon ketish xatarlari bachadonni olib tashlash zaruriyatiga olib kelishi mumkin. Kesarcha kesish yo’li bilan tug’ish kelagusi tug’ishlarda ham kesarcha kesishni takrorlashni talab qilishi yoki kelajakdagi homlarni tug’ish bilan bog’liqlik boshqa xatarlarga olib kelishi mumkin. Boshqa xatarlar qon quyishni talab qiluvchi kuchli qon yo’qotish, oyoqlar yoki o’pkada qon tromblari hosil bo’lishi kabilarni o’z ichiga oladi. Anesteziya jarayonida qiyinchiliklar yuzaga kelishi mumkin, jumladan allergik reaksiyalar kuzatilishi mumkin. Kamdan-kam hollarda bemorlar vafot etishi yoki miyasi shikastlanishi mumkin.

Sometimes there are difficulties with delivery of the baby requiring life-saving maneuvers. While every effort is made to minimize the risk to the baby, the baby can suffer injury such as bruising, broken bones, cuts or death. The alternative to a cesarean section is a vaginal delivery.

Ayrim hollarda chaqaloqni tug’ish bilan bog’liqlik qiyinchiliklar yuzaga keladi va bu hayotni saqlab qolish harakatlarini bajarishni talab qiladi. Garchi har bir harakat chaqaloqqa bo’lgan xatarni kamaytirish uchun qilinsada, chaqaloqlarda ko’karish, suyaklarning sinishi, kesilishlar, asab tolalarining jarohatlanishi yoki o’lim kabi xatarlar yuzaga kelishi mumkin. Kesarcha kesishga muqobil variant tabiiy tug’ish hisoblanadi.

**Induction of Labor**

Labor induction is the use of medications or other methods to bring on (induce) labor. Labor is induced to stimulate contractions of the uterus in an effort to have a vaginal birth. Labor induction may be recommended if the health of the mother or fetus is at risk. In special situations, labor is induced for nonmedical reasons. This is called elective induction. Elective induction should not occur before 39 weeks of pregnancy.

With some methods, the uterus can be overstimulated causing it to contract too frequently. Too many contractions may lead to changes in the fetal heart rate and umbilical cord problems. Other risks of cervical ripening and labor induction may include infection in the mother or baby, uterine rupture, increased risk of cesarean birth, and fetal death. Prolonged pregnancy, greater than 42 weeks, can increase risks for both mother and baby.

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### **To'lg'oq chaqirish**

To'lg'oq chaqirish bu tug'ish jarayonini yuzaga keltirish (to'lg'oq uyg'otish) uchun dori vositalari yoki boshqa usullardan foydalanishdir. Tabiiy tug'ishni yuzaga keltirish uchun bachadon qisqarishlarini rag'batlantirish maqsadida to'lg'oq chaqiriladi. Ona yoki bolaning salomatligi xatar ostida bo'lgan hollarda to'lg'oq chaqirish tavsiya qilinadi. Ayrim holatlarda to'lg'oq chaqirish tibbiy bo'lmagan sabablarga ko'ra amalga oshiriladi. Bu tanlash ixtiyoriy bo'lgan to'lg'oq chaqirish deb ataladi. Tanlash ixtiyoriy bo'lgan to'lg'oq chaqirish homiladorlikning 39 haftasidan avval amalga oshirilmasligi kerak.

Ayrim usullar orqali bachadon haddan tashqari ko'p qo'zg'atilishi mumkin, bu esa uning haddan tashqari tez-tez qisqarib turishiga olib keladi. Haddan tashqari ko'p qisqarishlar homila yurak urishidagi o'zgarishlar va kindik ipi muammolariga olib kelishi mumkin. Bachadon bo'ynining yetilishi va to'lg'oq chaqirishda kuzatiladigan boshqa xatarlarga ona yoki boladagi infeksiya, bacha yirtilishi, kesarcha kesish xavfining ortishi va homilaning vafot etishi kabilar kiradi. 42 haftadan ortiq bo'lgan vaqtdan o'tib ketgan homiladorlik ham ona, ham bolaga bo'lgan xatarlarni orttirishi mumkin.

### **Anesthesia**

I understand that I may need sedation, anesthesia or an epidural for the birth, whether vaginal or cesarean section, and that this will be provided by an independent practitioner (other than the OB practitioner delivering my infant). I am to discuss the risks, benefits and alternatives of receiving sedation, anesthesia or an epidural with the anesthesia practitioner.

### **Anesteziya**

Men tabiiy tug'ish bo'ladimi yoki kesarcha kesish usuli bo'ladimi, bundan qat'iy nazar, tug'ishim uchun sedativ tinchlantirish, anesteziya yoki epidural ta'sir talab qilinishi mumkinligini va bu alohida amaliyotchi shifokor (meni tug'diruvchi amaliyotchi shifokordan boshqa) tomonidan ko'rsatilishini tushinaman. Men sedativ tinchlantirish, anesteziya yoki epidural vosita qabul qilish bilan bog'liq xatarlar, ularning afzalliklari va muqobillarini anesteziolog shifokor bilan muhokama qilishim kerak.

### **Pain Control**

My practitioner advised me that post-delivery pain is to be expected. My practitioner discussed the risks, benefits and alternatives of opiate medications to control pain, including but not limited to the risk of addiction and overdose if misused. The risk of addiction is higher if you suffer from mental health or substance use disorders. It may be dangerous to take opiate pain medications with benzodiazepines or alcohol. We also discussed that the goal of opiates, if utilized, is to control, but not completely eliminate pain. I am also aware that opiate therapy will be stopped shortly after delivery.

### **Og'riqni boshqarish**

Amaliyotchi shifokorim menga tug'ruqdan keyin og'riqlar bo'lishini aytdi. Amaliyotchi shifokorim og'riqni boshqarish uchun tinchlantiruvchi dori vositalaridan foydalanishning xatarlari, afzalliklari va muqobillari, jumladan noto'g'ri foydalanilgan hollardagi o'rganib qolish va dozasini oshirib yuborish xatari to'g'risida aytib berdi. Agar siz aqliy xastalik bilan og'risangiz yoki moddadan tartibsiz foydalansangiz, o'rganib qolish xavfi balandroq bo'ladi. Opiat og'riq qoldiruvchi dori vositalarini benzodiazepinlar yoki spirtli ichimliklar bilan birgalikda qabul qilish xavfli bo'lishi mumkin. Biz yana opiat dori vositalarining maqsadi og'riqni butunlay bartaraf qilish emas, balki uni boshqarish ekanligini ham muhokama qildik. Men tug'ruqdan keyin ko'p o'tmasdan opiat dori vositalari qabul qilishim to'xtatilishini ham bilaman.

### **Circumcision**

If a male child is born, my practitioner(s) has explained the material risks, benefits, alternatives (including risks and benefits of the alternatives) to circumcision of my infant. I understand how the procedure is performed, if anesthesia or other pain relief medications will be used, and that circumcision can involve blood loss, injury to the penis and infection. My practitioner(s) has also explained that conditions of the penis such as hypospadias (abnormal location of urethra), micro-penis, and/or shaft distortion may make circumcision unadvisable or lead to a partial circumcision, if the procedure is started before these conditions are known. Although a small risk, I understand that the circumcision may need to be revised later in life. I understand that sometimes additional treatments are needed immediately after the circumcision, and if that occurs, I give my permission to proceed.

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**Xatna qilish**

Agar tug'ilgan bola o'g'il bo'lsa, amaliyotchi shifokor(lar)im chaqaloq xatna qilinganda paydo bo'ladigan moddiy xatarlar, buning afzalliklari, muqobillarini (jumladan muqobillarining xatarlari va afzalliklari) tushintirdi. Men anesteziya yoki boshqa og'riq qoldiruvchi dorilardan foydalaniladigan bo'lsa, bu jarayonning qanday bajarilishini hamda xatna qilinganda qon yo'qotish, erkaklik jinsiy a'zosiga jarohat yetishi va infeksiya bo'lishi mumkinligini tushunaman. Amaliyotchi shifokor(lar)im yana gipospadiya (siydik chiqarish kanalining noodatiy joylashuvi), mikro-erkaklik a'zosi va/yoki sterjenning buzilishi kabi erkaklik a'zosi holatlarining xatna qilib bo'lmaydigan holatga kelishi yoki jarayon bu holatlar ma'lum bo'lishidan avval boshlangan bo'lsa, qisman xatna qilinishiga olib kelishi mumkinligini ham tushintirdi. Garchi xatar darajasi kichik bo'lsa ham, men xatnani keyinchalik qayta tuzatishlar bilan amalga oshirish talab qilinishi mumkinligini tushunaman. Men ayrim hollarda xatna qilishdan keyin darhol qo'shimcha muolajalar talab qilinishi mumkinligini tushunaman va agar bu talab etilsa, men bunga roziligimni beraman.

I understand that another physician, other than the practitioner(s) that delivered my son, may perform the circumcision on my son.

Men o'glimni dunyoga keltirgan amaliyotchi shifokor(lar)dan boshqa amaliyotchi shifokorning o'g'limni xatna qilishi mumkinligini tushinaman.

Initial your decision below.

Quyida o'z qaroringizni keltiring.

- \_\_\_\_\_ I elect and consent to circumcision of my son.  
Men o'g'limni xatna qilishga qaror qildim va bunga roziman.
- \_\_\_\_\_ I refuse circumcision of my son.  
Men o'g'limning xatna qilinishini rad qilaman.

**Postpartum placement of a LARC (Long-acting reversible contraceptive)**  
**Available only at Bethesda North and McCullough Hyde Hospitals**

My practitioner(s) explained to me that immediate postpartum placement of an intrauterine device (Mirena or Paragard) or Nexplanon implant is possible. I understand that placement of an intrauterine device in the immediate postpartum period has an increased rate of expulsion averaging 14% but up to 24% in some studies. My practitioner(s) has also discussed conditions that may not allow for immediate postpartum insertion.

**Tug'ruqdan keyin LARC (Uzoq ta'sir qiluvchi qaytalanuvchi kontraseptiv) ni joylashtirish**  
**Faqat Bethesda North va McCullough Hyde kasalxonalarida mavjud**

Amaliyotchi shifokor(lar)im menga tug'ruqdan keyinoq darhol bachadon ichi qurilmasi (Mirena yoki Paragard) yoki Nexplanon implantini joylashtirish mumkinligini tushintirdi. Men ayrim tadqiqotlar tug'ruqdan keyingi davridayoq bachadon ichi qurilmasini joylashtirishning chiqarib yuborish ehtimoli o'rtacha 14% ni, ammo maksimal ehtimoli 24% dan oshmasligini ko'rsatganligini tushinaman. Amaliyotchi shifokor(lar)im yana tug'ruqdan keyingi davrda bu qurilmani joylashtirish imkonsiz bo'lgan holatlar haqida ham aytib berdi.

Initial your decision below.

Quyida o'z qaroringizni keltiring.

- \_\_\_\_\_ I elect and consent to immediate postpartum IUD placement.  
Men tug'ruqdan keyinoq UID vositasini joylashtirishga qaror qildim va bunga roziman.
- \_\_\_\_\_ I elect and consent to postpartum Nexplanon placement.  
Men tug'ruqdan keyin darhol Nexplanonni joylashtirishga qaror qildim va bunga roziman.
- \_\_\_\_\_ I decline immediate postpartum placement of a LARC  
Men tug'ruqdan keyin darhol LAR ni joylashtirishni rad qilaman

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### Teaching Hospital

I understand that the hospital is a teaching facility and that assistants, residents, trainees and others may participate in my care based on their skill set and scope of practice and as permitted under state law and for which they have been granted privileges by the hospital. These individuals will be under the supervision of my practitioner(s).

### Ta'lim beruvchi kasalxona

Men kasalxonaning o'quv muassasasi ekanligini va assistentlar, rezidentlar, instruktorlar ba boshqalarning o'z malakalari va amaliyot ko'lamiga asoslangan holda va shtat qonunida ruxsat berilgan darajada va kasalxona tomonidan ularga imtiyozlar berilgan holda davolanishimda qatnashishlari mumkinligini tushunaman. Ushbu shaxslar amaliyotchi shifokor(lar)imiz nazorati ostida bo'ladilar.

### Tissue Disposal

I agree to allow the hospital to dispose of, or use for scientific or educational purposes, any tissue or body parts that are taken out during my care.

### To'qimalarni chiqitga chiqarish

Men kasalxonaga davolanishim davomida olingan har qanday to'qima yoki tana qismini chiqitga chiqarish yoki ulardan ilmiy yoki o'qitish maqsadlarida foydalanishga ruxsat beraman.

### Lab Testing

I understand that for my safety and that of my infant(s) a blood and urine sample will be obtained that will be used for conditions including syphilis, presence of drugs or controlled substances, anemia and other blood disorders. If positive results are obtained, subsequent testing will be completed on my infant(s) as necessary.

### Laboratoriyada tekshirish

Men o'zimning hamda go'dak(lar)imning xavfsizligini ta'minlash uchun qon va siydik namunlarining olinishi hamda ulardan sifilis, dorilar yoki boshqa boshqariluvchi moddalarning mavjudligi, kamqonlik va boshqa qondagi buzilishlar kabi holatlarni aniqlash uchun foydalanilishini tushunaman. Agar ijobiy natijalar olinsa, zarur hollarda go'dak(lar)im ustida keyingi tekshiruvlar amalga oshiriladi.

### Blood and Blood Products

I discussed with my practitioner that receiving blood and/or blood products may be advisable or even lifesaving during my care or my infant's care. Receiving blood or blood products has the risk of transmission of infections such as HIV, hepatitis B & C virus, and serious bacteria, as well as other risks, including but not limited to allergic reactions, fevers, hives, fluid overload, destruction of the transfused cells, lung inflammation and immune disorders. I understand that blood and blood products are extensively screened for infectious agents, but no testing can absolutely prevent infection transmission. I acknowledge that no guarantees have been given to me by my practitioner, the hospital, any blood bank, or any person or entity as to the safety or efficacy of the blood or blood products I receive. I allow my practitioner(s) to give me and/or my infant blood or blood products.

### Qon va qon mahsulotlari

Men amaliyotchi shifokorim bilan qarovim yoki go'dagimni qarash davomida qon va/yoki qon mahsulotlarini qabul qilishning tavsiya qilishini va xattoki hayotiy zarur bo'lishi mumkinligini muhokama qildim. Qon yoki qon mahsulotlarini qabul qilish OIV, B va C hepatiti virusi va jiddiy xavf soluvchi bakteriyalarning yuqishi xavfi hamda allergik reaksiyalar, istima, eshakyemi, suyuqlikning ortib ketishi, o'tkazilgan hujayralarning yo'q qilinishi, o'pka yallig'lanishi va immun tizimi buzilishlari kabi boshqa xatarlarga egadir. Men qon va qon mahsulotlarida yuqumli vositalar yo'qligi qat'iy tekshirilishi, biroq hech qanday tekshirish infeksiyalar yuqushini mutlaqo oldini ola olmasligini tushunaman. Men amaliyotchi shifokorim, kasalxona, har qanday qon banki yoki boshqa har qanday jismoniy yoki yuridik shaxs tomonidan menga o'zim oladigan qon yoki qon mahsulotlarining xavfsizligi yoki ta'sirchanligiga nisbatan hech qanday kafolat berilmaganligini tan olaman. Men amaliyotchi shifokor(lar)imga menga va/yoki go'dagimga qon yoki qon mahsulotlarini berishga ruxsat beraman.

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I have read this form or had it read to me; fully understand the material risks, benefits, and alternatives (including the risks and benefits of these alternatives) of the care I am to receive; the likelihood of achieving my goals by receiving this care; and the potential problems that might occur during my recovery. I understand that no guarantee has been given to me about the outcome of the care I am to receive. I have had all of my questions answered to my satisfaction and consent to the above care and method of delivery agreed to with my practitioner.

Men bu shaklni o'qib chiqdim yoki menga uni o'qib berishdi; o'zim oladigan davolanishning moddiy xatarlari, afzalliklari va muqobillarini (jumladan ushbu muqobillarning xatarlari va afzalliklarini); bu davolanishni olish orqali maqsadlarimga erishish ehtimolini; va tuzalishim davomida yuz berishi mumkin bo'lgan ehtimoliy muammolarni to'liq tushunaman. Men o'zim oladigan davolanish natijasi to'g'risida menga hech qanday kafolat berilmaganligini tushunaman. Men barcha savollarimga o'zimni qaniqtiradigan javoblarni oldim va yuqorida aytib o'tilgan davolash va amaliyotchi shifokorim bilan kelishilgan tug'ish usuliga rozilik bildiraman.

### **Trial of Labor after Cesarean Delivery (TOLAC)**

If applicable, my practitioner and I have discussed the purpose, risks and benefits of TOLAC, some, but not all of which, are included in this document. I understand that my care providers may have to change my plan for TOLAC if they feel the risks of TOLAC have increased or if other factors occur that require changing my plan. My practitioner and I have talked about, and I understand:

### **Kesarcha kesishdan keyin tug'ishga harakat qilish (TOLAC)**

Men bilan amaliyotchi shifokorim zarur bo'lgan hollarda TOLAC ni qo'llashning maqsadi, xatarlari va afzalliklarini muhokama qildik, ulardan hammasi emas, balki ayrimlari ushbu hujjatga kiritilgan. Men agar ular TOLAC xatarlari ortib ketganligini his qilsalar yoki rejalarimni o'zgartirishni talab qiluvchi boshqa omillar yuz berganda davolovchilarimning TOLAC bo'yicha rejamni o'zgartirishlari mumkinligini tushunaman. Amaliyotchi shifokorim bilan men quyidagilar to'g'risida suhbatlashdik va men tushunaman:

- I have two options for the birth of my baby: TOLAC and a repeat cesarean section.
- Menda farzandimni tug'ish bo'yicha ikkita variant mavjud: TOLAC va qorinni kesib bolani olishni takrorlash.
- Possible risks of TOLAC include, but are not limited to:
  - A tear or opening in the uterus (womb) is a known risk of TOLAC; for most patients, this risk is less than 1%. Tears in the uterus during TOLAC are more common in labor that is induced (labor that does not start on its own), labor that requires medicine to increase the strength of your contractions, a previous cesarean section less than 18 months prior to TOLAC, previous cesarean sections that did not utilize a low transverse (side to side) incision, and in women who have had more than one cesarean section.
  - If a tear in the uterus occurs, the risks to the mother include blood loss, possible need for blood transfusion, damage to the uterus that may require a hysterectomy (removal of the uterus), damage to internal organs including the bladder, bowel and/or ureter; infection, blood clots, and, very rarely, death.
  - If a tear in the uterus occurs, risks to the baby include brain damage and death.
  - TOLAC may be unsuccessful, which would lead to a repeat cesarean section. I understand that a repeat cesarean section after unsuccessful TOLAC carries greater risk than a planned cesarean section without TOLAC, including higher chance of infection, blood loss and transfusion, blood clots, and hysterectomy.
  - The normal risks of a vaginal birth are still present even with a successful VBAC.
- TOLAC ni qo'llashning mumkin bo'lgan xatarlari jumladan quyidagilarni o'z ichiga oladi:
  - Bachadonning yirtilishi yoki teshilishi TOLAC ning ma'lum bo'lgan xavfidir; ko'pchilik bemorlar uchun bu xavf 1% dan kamroqni tashkil qiladi. TOLAC vaqtida bachadondagi yirtilishlar majburlangan tug'ish (o'zicha boshlanmaydigan tug'ish jarayoni), qisqarishlar kuchini orttirish uchun dori vositalarini talab qiluvchi tug'ish, TOLAC dan 18 oydan kamroq vaqt avvalgi qorinni kesish bilan bolani olish, quyi ko'ndalang (yon tomondan yon tomonga) kesimdan foydalanilmagan avvalgi qorinni kesib qolani olish va bittadan ortiq qorinni kesib bolasi olingan ayollarda ko'proq uchraydi.

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- Agar bachadondagi yirtilish yuz bersa, onaga bo'lgan xatarlar qon yo'qotilishi, qon quyishga bo'lgan ehtiyoj, gisterektomiyani (bachadonni olib tashlash) talab qilishi mumkin bo'lgan bachadon shikastlanishi, ichki organlar, jumladan siyqik pufagi, ichak va/yoki siydik trubkasining shikastlanishi; infeksiyalar, qon tromblari va juda kamdan-kam hollarda o'limni o'z ichiga oladi.
  - Agar bachadon yirtilishi yuz bersa, bolaga bo'lgan xatarlar miya shikastlanishi va o'limni o'z ichiga oladi.
  - TOLAC muvaffaqiyatsiz bo'lishi mumkin, bu esa qorinni kesib bolani olishni takrorlashga olib keladi. Men muvaffaqiyatsiz TOLAC dan keyingi takroriy qorinni kesib bolani olishning TOLAC siz rejalashtirilgan qorinni kesib bolani olishga nisbatan ko'proq xavf tug'dirishini, jumladan infeksiyalar yuqishi, qon yo'qotilishi va quyish, qon tromblari va gisterektomiyaning yuqoriroq xavfini yuzaga keltirishini tushinaman.
  - Xattoki muvaffaqiyatli VBAC bilan ham tabiiy tug'ish yo'li orqali tug'ishning odatdagi xatarlari mavjud bo'ladi.
- Possible benefits of TOLAC and VBAC include:
- Shorter recovery time after delivery and shorter hospital stay.
  - Lower infection risk after delivery.
  - Little to no chance of surgical complications (such as infection, injury to internal organs, blood loss).
  - Lower risk of my baby experiencing breathing problems after delivery.
  - Quicker return to my normal activities following delivery.
  - Greater chance of having a successful vaginal birth in later pregnancies.
  - Lower risk of my placenta having problems attaching in future pregnancies.
- TOLAC va VBAC ning mumkin bo'lgan afzalliklari quyidagilarni o'z ichiga oladi:
- Tug'ruqdan keyingi qisqaroq tiklanish davri va kasalxonada kamroq vaqt turish.
  - Tug'ruqdan keyingi infeksiya yuqishi xavfining pastligi.
  - Xirurgik murakkablashishlar (jumladan infeksiyalar, ichki organlarning shikastlanishi, qon yo'qotilishi) ehtimolining pastligi yoki yo'qligi.
  - Tug'ruqdan keyin go'dagimning nafas olish bilan bog'liq muammolarga ega bo'lish xavfining pastligi.
  - Tug'ruqdan keyin odatiy harakatlarimni bajarishga tezroq qaytish.
  - Keyingi homiladorliklarda tabiiy tug'ish yo'li orqali tug'ishning muvaffaqiyatli bo'lish ehtimolining balandligi.
  - Plasentaning keyingi homiladorliklarda muammolarga ega bo'lish xavfining pastligi.

\_\_\_\_\_  
**Patient or Legal Representative Signature**  
Bemor yoki huquqiy vakil imzosi

\_\_\_\_\_  
**Relationship of Legal Representative**  
**Huquqiy vakilning qarindoshligi**  
**(If applicable) (agar tegishli bo'lsa)**

\_\_\_\_\_  
**Date/Sana**

\_\_\_\_\_  
**Time/Vaqt** AM/PM

\_\_\_\_\_  
**Witness Signature**  
Guvoh imzosi

\_\_\_\_\_  
**Witness Name**  
Guvoh imzosi

\_\_\_\_\_  
**Date/Sana**

\_\_\_\_\_  
**Time/Vaqt** AM/PM

I have explained to the patient the purpose of the above care and any reasonable alternatives, the anticipated benefits, the material risks, the likelihood of the patient achieving his/her goals, the potential problems that might occur during recovery, and the reasonably likely results of not receiving the care.

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Men bemorga yuqoridagi davolashning maqsadi va har qanday maqbul muqobillar, kutiladigan afzalliklar, moddiy xatarlar, bemorning o'z maqadlariga erishish ehtimoli, tuzalish vaqtida yuz berishi mumkin bo'lgan ehtimoliy muammolar va davolanishni olmaslikning yuzaga kelishi mumkin bo'lgan natijalarini tushuntirdim.

\_\_\_\_\_  
**Practitioner Signature/Amaliyotchi shifokor imzosi**      \_\_\_\_\_  
**Date/Sana**      \_\_\_\_\_  
**Time/Vaqt** \_\_\_\_\_AM/PM

\_\_\_\_\_  
**Resident Name (if applicable)**      \_\_\_\_\_  
**Resident ism-sharifi (tegishli bo'lsa)**      **Resident Signature**      \_\_\_\_\_  
**Rezident imzosi**      **Date/Sana**      \_\_\_\_\_  
**Time/Vaqt** \_\_\_\_\_AM/PM



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